



CITY OF EDINA

4801 50th Street West, Edina, MN 55424-1394

Building Inspections Department

(952) 826-0372 FAX (952) 826-0389 TDD (952) 826-0379

www.cityofedina.com/building

PERMIT NUMBER

HERITAGE LANDMARK
CASE NUMBER

for office use only

Building Permit Application

PRINT OR TYPE APPLICATION

Site Information

Address _____ Suite/Unit number _____

Lot _____ Block _____ Subdivision _____

Tenant/Building name _____

Year structure built _____

Work Description

Proposed starting date _____ Completion date _____

☐ 1 New ☐ 2 Addition ☐ 3 Alteration ☐ 3 Remodel ☐ 4 Repair ☐ 4 Replace

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Single Family Detached | <input type="checkbox"/> 3&4 Family Residential | <input type="checkbox"/> Recreation/Amusement | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Single Family Attached | <input type="checkbox"/> 5 & More Residential | <input type="checkbox"/> Grade/Fill/Excavate Only | <input type="checkbox"/> Church/Religious Bldg |
| <input type="checkbox"/> Residential Garage/Addn | <input type="checkbox"/> Office/Warehouse | <input type="checkbox"/> Demolition Single Family | <input type="checkbox"/> Hospital/Institutional Bldg |
| <input type="checkbox"/> Residential Addition/Porch | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Demolition 2 Family | <input type="checkbox"/> Antenna/Tower/Dish/Etc. |
| <input type="checkbox"/> Residential Deck/Shed | <input type="checkbox"/> Office/Bank/Professional | <input type="checkbox"/> Demolition 3&4 Family | <input type="checkbox"/> Other Nonresidential Bldg |
| <input type="checkbox"/> Reroof | <input type="checkbox"/> Retail Store | <input type="checkbox"/> Demolition 5&More Family | <input type="checkbox"/> Pools |
| <input type="checkbox"/> Interior Remodel | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Other Demolition | <input type="checkbox"/> City Owned |
| <input type="checkbox"/> Basement Finish | <input type="checkbox"/> Parking Garage/Ramp | <input type="checkbox"/> Industrial Building | <input type="checkbox"/> Heritage Landmark District |
| <input type="checkbox"/> 2 Family Residential | <input type="checkbox"/> Service Station/Repair Garage | <input type="checkbox"/> Public School | <input type="checkbox"/> Retaining Wall |

Job Description _____

Construction Type _____ Occupancy Classification _____ Fire Sprinklered ☐ Yes ☐ No

Project Valuation

Applicant is

☐ Owner ☐ Contractor ☐ Designer

Contractor Information

Company name _____ Contact name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ EMail _____ Fax _____

Contractors License # ☐ _____ Lead Certification # ☐ ☐ _____

Designer Information

Company name _____ ☐ Architect ☐ Engineer ☐ Designer

Address _____ City _____ State _____ Zip _____

Contact person name _____ MN License/Registration # _____

Phone _____ Cell _____ Email _____ Fax _____

COMPLETE APPLICATION ON REVERSE SIDE

Owner Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____ Fax _____

Applicant Signature

I hereby apply for a permit and attest to the following:

All information on this application is complete and accurate.

All work will comply with Edina City Code and Minnesota State Building Code.

I understand this is an application only, not a permit. Work will not start without an approved permit.

All work will be done according to plans approved by the City of Edina when approved plans are required.

Erosion and sediment control, when applicable, will be installed before starting work.

Existing grades and drainage will not be altered without approved grading/drainage plans and schedule.

Applicant's signature _____ Date _____

Applicant's printed or typed name _____

Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant

I understand the State of Minnesota requires residential contractors, residential remodelers and residential roofers be licensed to work in the State unless they qualify for a specific exemption from the licensing requirements. By signing this statement, I certify that I am building or improving this dwelling myself. I claim to be exempt from state licensing requirements because I am not in the business of building on speculation or for resale. I certify I have not built or improved any other residential structures in the State within the past twenty-four months. I also acknowledge that, because I do not have a state license, I forfeit any mechanic's lien rights to which I may otherwise have been entitled under MS 514.01.

I further acknowledge I may be hiring independent contractors to perform certain aspects of the improvements on this dwelling, and I understand some of these contractors may be required to be licensed by the State. I understand unlicensed residential contracting, residential remodeling and residential roofing activity is a misdemeanor under Minnesota law, and I forfeit my rights to reimbursement from the Contractors Recovery Fund in the event any contractors I hire are unlicensed.

Homeowner's signature _____ Date _____

Homeowner's typed or printed name _____

Contact the Minnesota Department of Labor and Industry to determine if a contractor is licensed or exempt or to check on contractor status. Metro 651-284-5005, Outstate: 1-800-342-5354 or www.dli.mn.gov and follow links to [License Lookup](#)

Approvals

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Building Inspections Dept

By _____ Date _____

Engineering Dept

By _____ Date _____

Planning Dept/Heritage Preservation Board

By _____ / _____ Date _____ / _____

Health Dept

By _____ Date _____

Fire Dept

By _____ Date _____

Assessing Dept

By _____ Date _____

Fees

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Permit fee ☐ Yes ☐ No _____Plan review fee ☐ Yes ☐ No _____State surcharge ☐ Yes ☐ No _____Contractor license fee ☐ Yes ☐ No _____Investigation fee ☐ Yes ☐ No _____SAC fee ☐ Yes ☐ No _____ # of units _____Sewer assessment ☐ Yes ☐ No _____Water assessment ☐ Yes ☐ No _____Sewer REC ☐ Yes ☐ No _____ # of units _____Water REC ☐ Yes ☐ No _____ # of units _____

TOTAL _____